

PUBLIC RECORD REVIEW/DUPLICATION REQUEST

Please print legible:

Date of Request: _____

Requester's Name: _____

Requester's Address: _____

Requester's Telephone: _____

I request _____ review _____ duplication of the following records. **Important:** You must identify or describe the records with sufficient specificity to enable the Borough Secretary to determine which records are being requested. Use additional sheets if necessary.

I certify that I am a resident of the Commonwealth of Pennsylvania

Signature of Requester

This request may be submitted in person, by mail or by facsimile to:

Borough of North Wales
300 School Street
North Wales, PA 19454

Or

215-699-3991 (facsimile)